Author's response to reviews

Title: Same-Visit HIV Testing in Trinidad and Tobago

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Author's response to reviews: see over
Dear BMC Public Health Editor:

I am the corresponding author for a manuscript entitled “Same-Visit HIV Testing in Trinidad and Tobago”. My co-authors are Violet Duke, Sheila Samiel, David Musa, Cameile Ali, and Catherine Chang-Kit. Our manuscript submission number is 1127954900261141.

I want to begin by providing a few words of orientation about our manuscript. As I explained in the cover letter which accompanied our original submission, our manuscript did not “exactly fit” into any of your standard submission categories. Our manuscript describes a policy process used to implement Ministry of Health delivery of “on-site” HIV testing to provide lab-quality test results. The results are provided to people who wanted to know their HIV status. Although many countries have expressed interest in adopting national policy for this type of HIV testing, even today few have actually done so.

At the time we began our work, we were aware of only two countries that had adopted national policy for HIV testing based on rapid test results. No published information describing those policy processes was available. When we completed the work described in our manuscript, we wanted to make it available to others who were interested in the policy process. We were attracted to BMC Public Health as a place for publication of our work because it would be available on line. We recognized that our manuscript was unusual because of the policy process focus and we were pleased that you were willing to consider it for publication.

On August 1st we received the reviewers comments about our manuscript. This letter is written in response to those comments. You have requested we address their comments in a “point-by-point” manner. Before addressing their comments in that way, I want to address a major concern that appeared multiple times in separate comments from both reviewers.

Both reviewers were concerned that our manuscript was incorrectly formatted for a “research” submission to BMC Public Health. Both suggested variations of formatting to improve our submission. I was confused by their concerns. Our original submission was formatted as a “research article”. In March, we were advised by your office that our manuscript was better suited for publication as “correspondence”. We revised it accordingly and resubmitted it as “correspondence”. On August 1st I spoke with a
member of your editorial staff and was reassured that our manuscript should continue as a “correspondence” submission for your journal. I was told to reference that conversation in my cover letter and now I have done so.

Before turning my attention to the individual concerns of each reviewer, I would like to address one additional common concern. Both reviewers expressed concerns that are addressed in the protocol which was referenced in the manuscript as Appendix A. Links to Appendix A are included in the manuscript. This protocol describes the technical framework for “same-visit” HIV testing in Trinidad and Tobago. Drafting and adopting this protocol were two of the steps in the policy process described in our manuscript. Is it possible that neither reviewer had an “active link” to Appendix A?

Now to point-by-point responses to each reviewer:

**Points from reviewer Dexter Voisin:**

1. Formatting style: Addressed above. Our manuscript is formatted as a “correspondence” submission to BMC Public Health.

2. Prevalence of HIV in T&T: Available information is cited in the text beginning at the bottom of page 4. The title of that section was misleading and has been revised to read HIV/AIDS in Trinidad & Tobago.

3. Questions about policy: The membership of the technical working group and the decisions it made are explained on page 6 in the Planning process section of the manuscript. How these eight questions influenced policy are elaborated more fully on page 11 of the protocol (Appendix A).

4. Study results and manuscript organization: Our manuscript describes a policy process, not a study. The ways responses to these questions influenced development of the technical details are elaborated more completely in the protocol (Appendix A).

5. Discussion of findings: Discussion of findings is not part of the BMC Public Health format for correspondence submissions.

**Points from reviewer Benjamin Chi:** (There are 8 paragraphs in the “Major Compulsory Revisions” section of this review. I have assigned numbers to each paragraph and provided responses to each paragraph.)

1. Too much emphasis on process: This subject of this manuscript is the policy process, not results from a study.

2. Policy impact: Our purpose was to describe the process of introduction of policy for HIV testing. Clearly follow-up work describing impact of this policy would be useful. That was not our purpose in this manuscript.
3. What has happened since: Please see number 2 above. Five of the six authors of the manuscript are no longer involved with HIV testing in TT. None of us are in positions to provide the “how HIV testing has expanded since then.”

4. Cost of testing: We agree that cost analyses are complex. We recognized that our reference to cost was simplistic. We think our numbers may be useful for others in “small volume” settings. We did not have access to cost information for laboratory-based HIV testing in Trinidad.

5. Model program: To date only two countries in the Caribbean have adopted national policy for HIV testing. The advantages of rapid testing for HIV testing are described in reference 4. The topic is elaborated more completely on pages 7-8 in the protocol (Appendix A). We anticipate that having the policy process used in TT in the published literature may encourage other countries in the region to consider the policy model adopted in TT.

6. Global context: Several concerns are included in this paragraph. The “correspondence” format of the manuscript impacts most of them. The global context for HIV testing policy is outlined in the Policy for testing section of the manuscript which begins on page 3. A global context for policy and integration of HIV testing into other health care services is elaborated more thoroughly in the protocol (Appendix A) beginning on page 8. Manuscripts submitted as “correspondence” are limited to 10 references. Our original submission had 20 references. The protocol (Appendix A) has 28 references.

7. MOH approval of rapid tests: Selection of an algorithm to provide “same-visit” HIV testing was a primary focus of the technical working group which drafted the protocol (Appendix A). Concerns raised in this paragraph are addressed in detail in several sections of the protocol (Appendix A).

8. Quality of testing: Concerns about the quality of testing were another primary focus of the technical working group. These concerns are also addressed in detail in the protocol (Appendix A).

Thanks for your attention to these details of manuscript review. I hope this response is sufficient. If I need to supply additional information, I will be happy to do so.

Sincerely,

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